

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/29/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445380	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/28/2011
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF HIXSON			STREET ADDRESS, CITY, STATE, ZIP CODE 5798 HIXSON HOME PLACE HIXSON, TN 37343	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the sprinkler system was maintained. The findings include: Observation on March 28, 2011, at 12:15 p.m. revealed 3 of 3 light fixtures installed above the ceiling in the corridor at patient room 129 was attached to or supported by sprinkler piping.	K 062	K 062 Corrective Action: On March 30, 2011, the Maintenance Director reattached fixtures to proper attachments. Potential: All residents have the potential to be effected Measures: Executive Director will schedule for monthly inspection to be completed.	
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure dirty areas had an operable exhaust. The findings include: Observation on March 28, 2011 at 11:20 a.m. revealed the janitor closet in the kitchen has no negative air flow installed.	K 067	Monitor: Maintenance Director will maintain follow-up documentation that will keep tasks on schedule. Maintenance Director will report results of fixtures attachments checks to the Performance Improvement Committee during the monthly Performance Improvement Meeting for three months.	4-27-2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Executive Director

(X6) DATE

4/14/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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			<p>K 067</p> <p>Corrective Action:</p> <p>On April 8, 2011, exhaust fan was installed in the janitor closet in the kitchen.</p> <p>Potential:</p> <p>All residents have the potential to be effected.</p> <p>Measures:</p> <p>Executive Director will schedule for monthly inspection to be completed.</p> <p>Monitor:</p> <p>Maintenance Director will maintain follow-up documentation that will keep tasks on schedule.</p> <p>Maintenance Director will report results of negative air flow checks to the Performance Improvement Committee during the monthly Performance Improvement Meeting for three months.</p>		4-27-2011